Rec'd Date 15 APR 2005

# PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 8, 2004

Application or Docket Number
10/531383

## CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|---|---|---|
| U.S. NATIONAL STAGE FEES | | |
| BASIC FEE | SMALL ENT. = $ 150 | LARGE ENT. = $ 300 |
| EXAMINATION FEE | Satisfies PCT Article 33(1)-(4) = $ 50 / $ 100 | All other situations = $ 100 / $ 200 |
| SEARCH FEE | U.S. is ISA = $ 50 / $ 100 ALL other countries = $ 200 / $ 400 | All other situations = $ 250 / $ 500 |
| FEE FOR EXTRA SPEC. PGS. | minus 100 = | / 50 = |
| TOTAL CHARGEABLE CLAIMS | 8 minus 20 = | * |
| INDEPENDENT CLAIMS | 4 minus 3 = | * 1 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | ☐ |

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐ OR OTHER THAN SMALL ENTITY

| RATE | FEE | OR | RATE | FEE |
|---|---|---|---|---|
| BASIC FEE | | OR | BASIC FEE | 300 |
| EXAM. FEE | | | EXAM. FEE | 200 |
| SEARCH FEE | | | SEARCH FEE | 400 |
| X $ 125 = | | | X $ 250 = | |
| X $ 25 = | | OR | X $ 50 = | |
| X $ 100 = | | OR | X $ 200 = | 200 |
| + $ 180 = | | OR | + $ 360 = | |
| TOTAL | | OR | TOTAL | 1100 |

## CLAIMS AS AMENDED - PART II

| AMENDMENT A | (Column 1) | | (Column 2) | (Column 3) |
|---|---|---|---|---|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * | Minus | ** | = |
| Independent | * | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | ☐ |

SMALL ENTITY OR OTHER THAN SMALL ENTITY

| RATE | ADDI-TIONAL FEE | OR | RATE | ADDI-TIONAL FEE |
|---|---|---|---|---|
| X $ 25 = | | OR | X $ 50 = | |
| X $ 100 = | | OR | X $ 200 = | |
| + $ 180 = | | OR | + $ 360 = | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

| AMENDMENT B | (Column 1) | | (Column 2) | (Column 3) |
|---|---|---|---|---|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * | Minus | ** | = |
| Independent | * | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | ☐ |

| RATE | ADDI-TIONAL FEE | OR | RATE | ADDI-TIONAL FEE |
|---|---|---|---|---|
| X $ 25 = | | OR | X $ 50 = | |
| X $ 100 = | | OR | X $ 200 = | |
| + $ 180 = | | OR | + $ 360 = | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.